

**RESIDENT REVIEW WORKSHEET**

**Facility Name:** \_\_\_\_\_  
**Provider Number:** \_\_\_\_\_  
**Surveyor Name:** \_\_\_\_\_  
**Surveyor Number:** \_\_\_\_\_ **Discipline:** \_\_\_\_\_

**Resident Name:** \_\_\_\_\_  
**Resident Identifier:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Rm #:** \_\_\_\_\_  
**Orig. Admission Date:** \_\_\_\_\_ **Readmission Date:** \_\_\_\_\_  
**Survey Date:** \_\_\_\_\_  
**Payment Source:** **Admission:** \_\_\_\_\_  
**Current:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Interviewable:** Yes ☐ No ☐ **Type of Review:** Comprehensive ☐ Focused ☐ Closed Record ☐

**Selected for Individual Interview:** Yes ☐ No ☐

**Selected for Family Interview and Observation of Non-Interviewable Resident:** Yes ☐ No ☐

**Focus/Care Areas:** \_\_\_\_\_

**Instructions:** Any regulatory areas related to the sampled resident's needs are to be included in this review.

- Initial that each section was reviewed if there are no concerns.
- If there are concerns, document your investigation.
- Document all pertinent resident observations and information from resident, staff, family interviews and record reviews for every resident in the sample.

**SECTION A: RESIDENT ROOM REVIEW:** Evaluate if appropriate requirements are met in each of the following areas, including the accommodation of needs:

- |  |   |
|--|---|
| ↑ Adequate accommodations are made for resident privacy, including bed curtains.                     | ↑ Environment is homelike, comfortable and attractive; accommodations are made for resident personal items and his/her modifications. |
| ↑ Call bells are functioning and accessible to residents.  | ↑ Bedding, bath linens and closet space is adequate for resident needs.   |
| ↑ Resident is able to use his/her bathroom without difficulty.                                       | ↑ Resident care equipment is clean and in good repair.  |
| ↑ Adequate space exists for providing care to residents.   | ↑ Room is safe and comfortable in the following areas: room temperature, water temperature, sound level, and lighting.                |
| ↑ Resident with physical limitations (e.g. walker, wheel-chair) is able to move around his/her room. |   |

**THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)** \_\_\_\_\_

Document concerns and follow-up on Surveyor Notes sheet page 4:

**SECTION B: RESIDENT DAILY LIFE REVIEW:** Evaluate if appropriate requirements are met in each of the following areas:

- |   |   |
|---|---|
| ↑ Resident appears well groomed and reasonably attractive (e.g. clean clothes, neat hair, free from facial hair).   | ↑ Facility activities program meets resident's individually assessed needs and preferences. |
| ↑ Staff treats residents respectfully and listens to resident requests. Note staff interaction with both communicative and non-communicative residents.                   | ↑ Medically related social services are identified and provided when appropriate.           |
| ↑ Staff is responsive to resident requests and call bells.  | ↑ Restraints are used only when medically necessary (see 483.13(a)).                        |
| ↑ Residents are free from unexplained physical injuries and there are no signs of resident abuse. (e.g. Residents do not appear frightened around certain staff members.) | ↑ Resident is assisted with dining when necessary.  |

**THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.)** \_\_\_\_\_

Document concerns and follow-up on Surveyor Notes sheet page 4:

**Resident Review Worksheet (continued)**

**SECTION C: ASSESSMENT OF DRUG THERAPIES**

Review all the over-the-counter and prescribed medications taken by the resident during the last 7 days.

- ↑ Evaluate drug therapy for indications/reasons, side effects, dose, review of therapy/monitoring, and evidence of unnecessary medications including antipsychotic drugs.
- ↑ Correlate drug therapy with resident's clinical condition
- ↑ If you note concerns with drug therapy, review the pharmacist's report. See if the physician or facility has responded to recommendations or concerns.

**THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.) \_\_\_\_\_**

<i>Medications/Dose/Schedule</i>	<i>Medications/Dose/Schedule</i>	<i>Medications/Dose/Schedule</i>

**Document concerns and follow-up on page 4.**

**SECTION D: RAI/CARE REVIEW SHEET (Includes both MDS and use of RAPS):**

Reason for the most current RAI: Annual ☐ Initial ☐ Significant Change ☐

Date of Most Recent RAI \_\_\_\_\_ Date of Comparison/ Quarterly RAI \_\_\_\_\_

- ↑ For a *comprehensive review* complete an overall review of the RAI including all ADL functional areas, cognitive status, and MDS categories triggering a RAP.
- ↑ For a *focused review*:
- Phase I:** Complete a review of those requirements appropriate to concerns and care areas specific to the resident.
- Phase II:** Complete a review of requirements appropriate to concern areas.
- ↑ **For both *comprehensive* and *focused reviews* record only the applicable sections and relevant factors about the clinical status indicating an impairment or changes between reviews.**
- ↑ If the current RAI is less than 9 mos. old, scan and compare with the previous RAI and most recent quarterly review.
- ↑ If the RAI is 9 mos. or older, compare the current RAI with the most recent quarterly review.
- ↑ Note any differences for the applicable areas being reviewed.
- ↑ Review the RAP summary and care planning.
- ↑ Look for implementation of the care plan as appropriate to the comprehensive or focused review.
- ↑ Note specifically the effects of care or lack of care.
- ↑ If the resident declined or failed to improve relative to expectations, determine if this was avoidable or unavoidable.
- ↑ For *closed records*, complete a review of the applicable areas of concern.
- ↑ Use the additional MDS item blocks on page 3 to document other sections or additional concerns.
- ↑ *Dining observation:* If there are concerns with weight loss or other nutritional issues, observe resident dining and review adequacy of meals served and menus.

**THERE ARE NO IDENTIFIED CONCERNS FOR THESE REQUIREMENTS (Init.) \_\_\_\_\_**

**Document concerns and follow-up on page 4.**

**Resident Review Worksheet (continued)**[illegible]

**Resident Review Worksheet (continued)**[illegible]